

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis & Paralysis	How long	2 years
Immediate	Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

V. H. M. L.

Sloan Spring

Name
in
Full

Charles Albion Boynton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kensington</i> ^{Town} <i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Year} <i>Feb.</i> ^{Month} <i>3</i> ^{Day} <i>64</i> ^{Years} <i>7</i> ^{Months} <i>23</i> ^{Days}			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Lorain County, O.</i>	
Occupation <i>clerk. gen. land office U.S. Gov.</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma W. Boynton</i>		
Father's Name <i>Lewis D. Boynton</i>	Father's Birthplace <i>Maine</i>		
Mother's Maiden Name <i>Emma Azula K. Heland</i>	Mother's Birthplace <i>Woolwich, Maine</i>		
Name of person giving information <i>Lewis T. Boynton</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

Primary <i>Pneumonia</i> ¹ (93)	How long <i>6 days</i>
Immediate <i>Valvular dis of heart</i>	How long <i>don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
	Address <i>Kensington</i>
Accident or Suicide? <i>no</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Glen</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>19</i>		Age <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Luther Butt</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>B. Creamer</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>One day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Amos J. Butterfield

Town *Fruit Bluff* County *Montgomery* MARYLAND

Died at *Fruit Bluff*

Date of death *1907* Month *July* Day *15th* Age *64* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *Gen. Ck.* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Jonas Butterfield* Father's Birthplace *England*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Maj H. Schaeffer* How related to deceased *Not related*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *2 years*

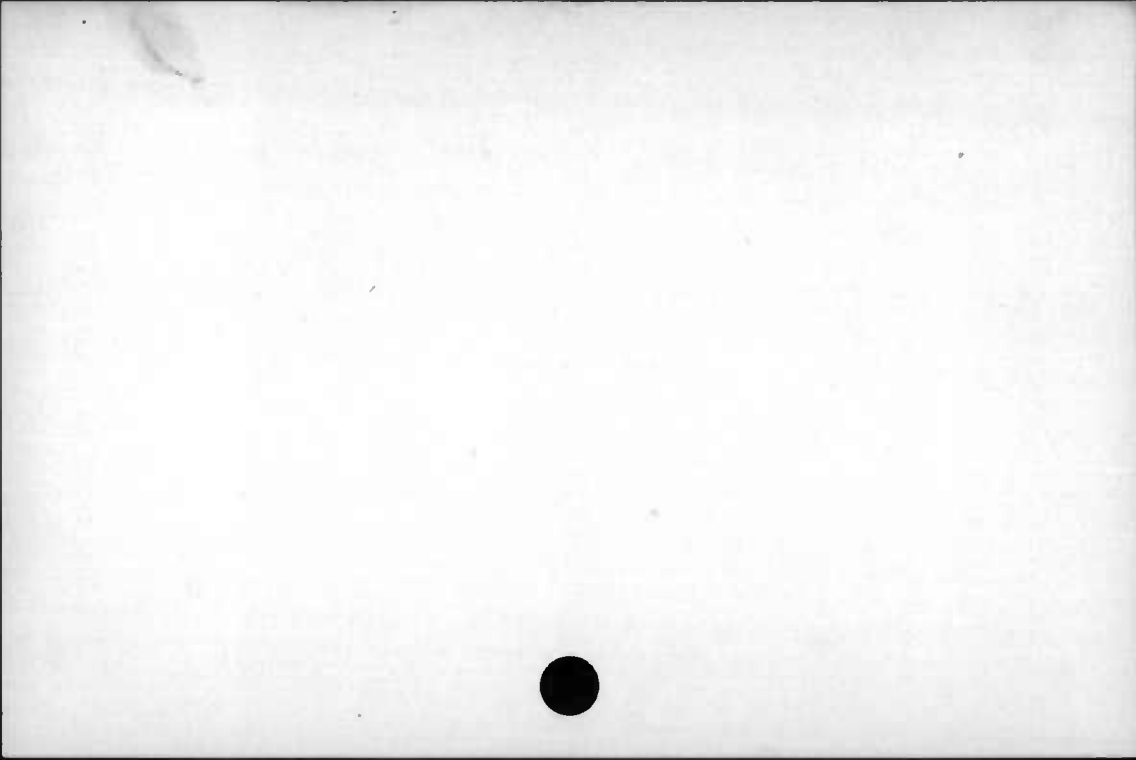
Immediate *Acute indigestion and paralysis of the heart* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Eugene James Kennington*

Address *—*

Accident or Suicide? *No*



Name
in
Full

Edward H. Cadle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> ^{Month}	<i>9</i> ^{Day}	<i>68</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>H. M. Cadle</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Kate Lowe</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>R. H. Shandeech</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

(29)

PHYSICIAN
OR CORONER

Primary <i>Intestinal Tuberculosis</i>	How long <i>2 yrs</i>
Immediate <i>Symptoms</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs. Mary Leaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darrestown</i> ^{Town}		<i>Pruth.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb.</i> ^{Month}	<i>16.</i> ^{Day}	Age <i>78.</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>housewife</i>		Where Residing if not at place of death <i>Darrestown</i>			
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Henry Leaton</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Name of person giving information <i>Dr. Nourse</i>		How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i> — <i>(66)</i>	How long <i>years</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Nourse M.D.</i>
Address <i>—</i>	
Accident or Suicide?	

0170110116

Name
in
Full

Jane Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Emory Grove		County Montgomery		MARYLAND			
Date	of death	1907	Month 2	Day 23	Age	87	Years 6	Months 7	Days
Sex	Female			Color or Race	Coloured		Birth- place	Redland	
Occupation	House-wife				Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband		William Chambers				
Father's Name	John Chambers					Father's Birthplace	Md		
Mother's Maiden Name	Mary Hayes					Mother's Birthplace	" "		
Name of person giving Information	William Chambers					How related to deceased	Husband		

CAUSES OF DEATH

Primary	Old Age	154	How long	
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. H. Echison
			Address	Saithsburg Md.
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
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Full

Mrs Geo. W. Conner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

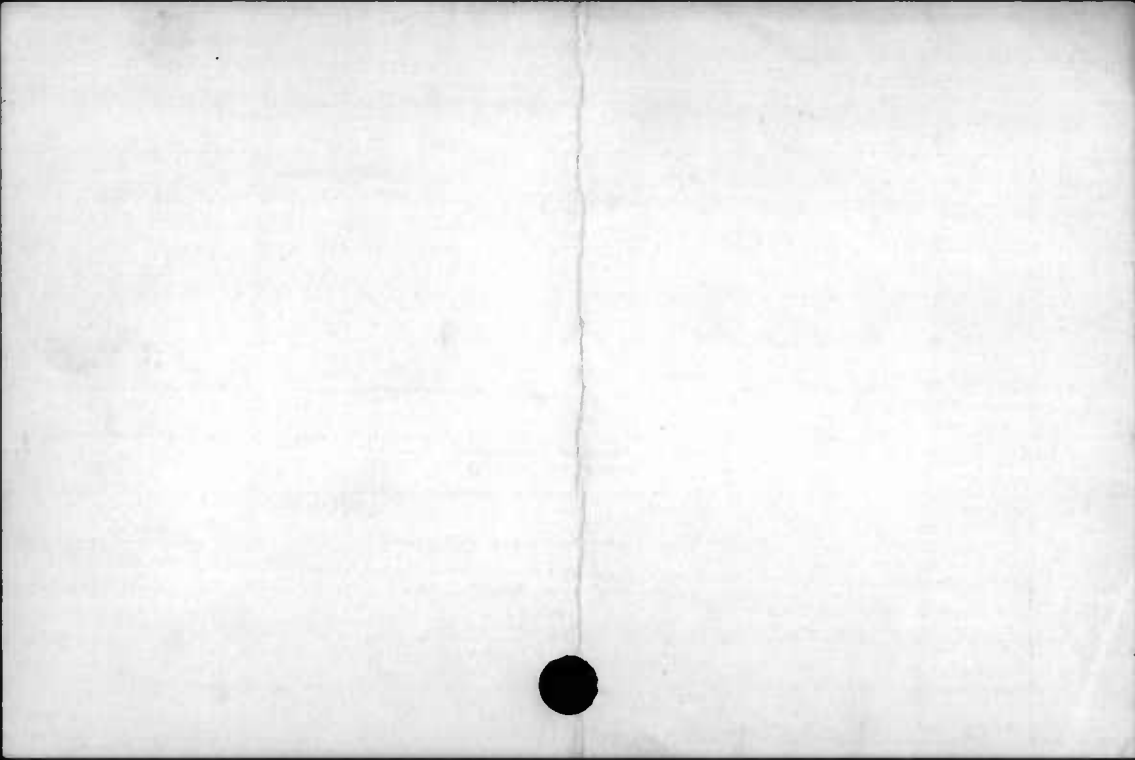
Died at		Town <i>Takoma Park</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>February</i>	Day <i>5th</i>	Age <i>70</i>	Years	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Ireland</i>			
Occupation <i>X</i>				Where Residing if not at place of death <i>X Home</i>			
Married, Single or <u>Widowed</u>			Name of Wife or Husband <i>Geo. W. Conner</i>				
Father's Name <i>X</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary A McGusty</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving In formation <i>Elizabeth Conner</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>	How long <i>2 years</i>
Immediate	<i>X</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>X</i>
		Address <i>L.M. Mooers - Sub-Registrar</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert Walter Davis

Town

County

MARYLAND

Died at Germantown

Montg

Date

Month

Day

Years

Months

Days

of death 1907

2

27

Age

2

2

2

Sex

male

Color or
Race

White

Birth-
place

Montg Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert-Arthur Davis

Father's
Birthplace

Chicago, Ill.

Mother's
Maiden Name

Gertrude Elizabeth Odum

Mother's
Birthplace

Montg Co

Name of person giving
Information

do

do

do

How related
to deceased

Mother

CAUSES OF DEATH

92

Primary

Broncho - Pneumonia

How long

7 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

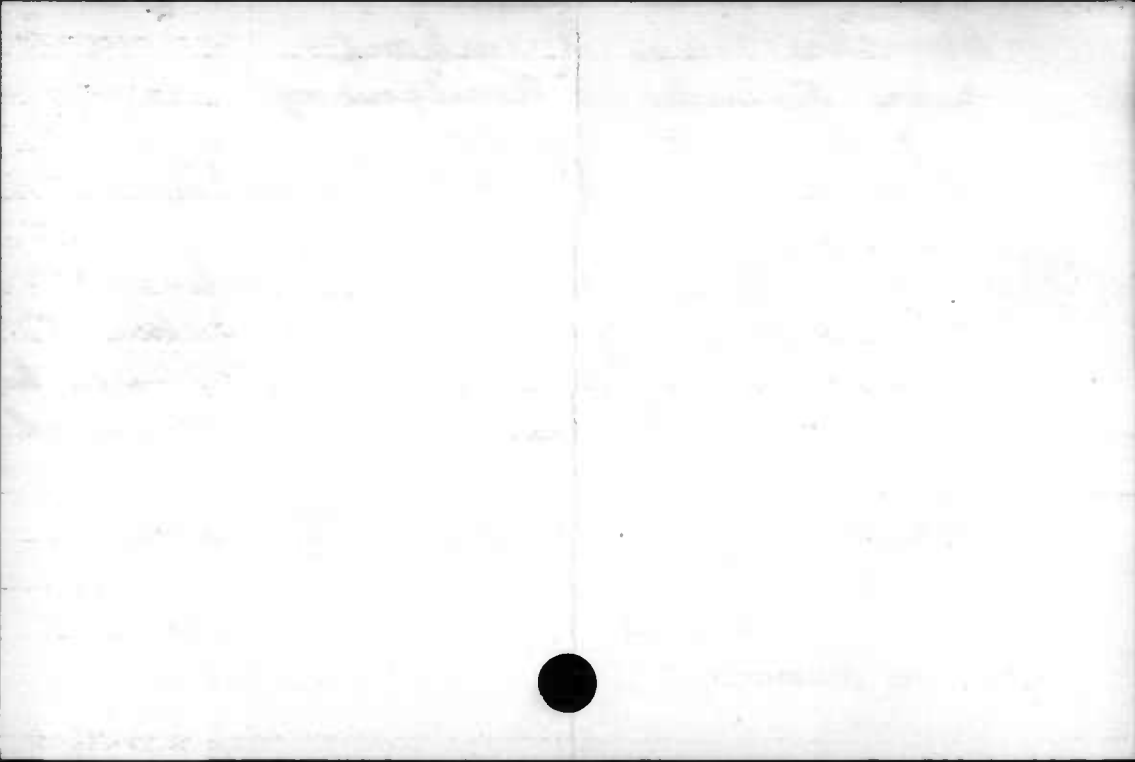
L. Newton Saint Paul

Address

Germantown, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Martha Lorea

Dumhart

CERTIFICATE OF DEATH

Town

County

Died at near Norbeck

Montgomery

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Feb.

14

Age

18

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Howard

Dumhart

Father's
Name

Edward Ruby

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Mary C Ruby

Mother's
Birthplace

Baltimore

Name of person giving
Information

Howard Dumhart

How related
to deceased

Husband

CAUSES OF DEATH

(179)

Primary

Insufficient nutrition, Marasmus

How long

1 1/2 months

Immediate

Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes as

Signature of
Physician

Chas. Farquhar

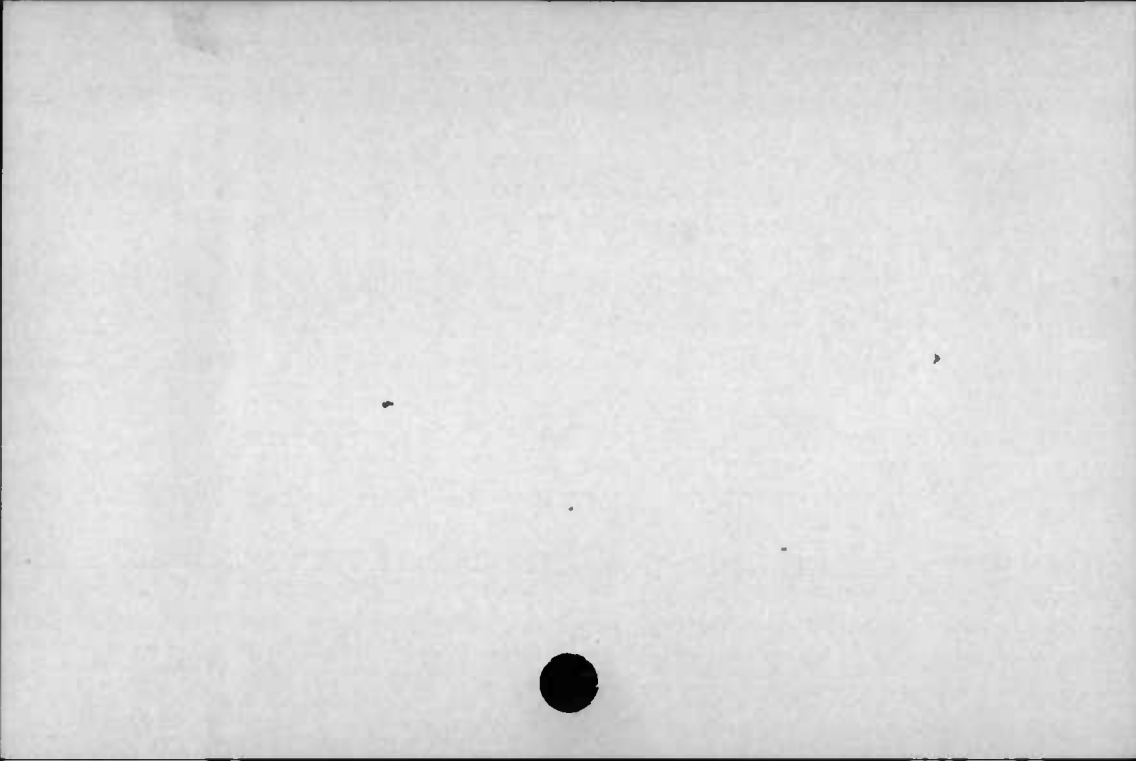
Address

Olney

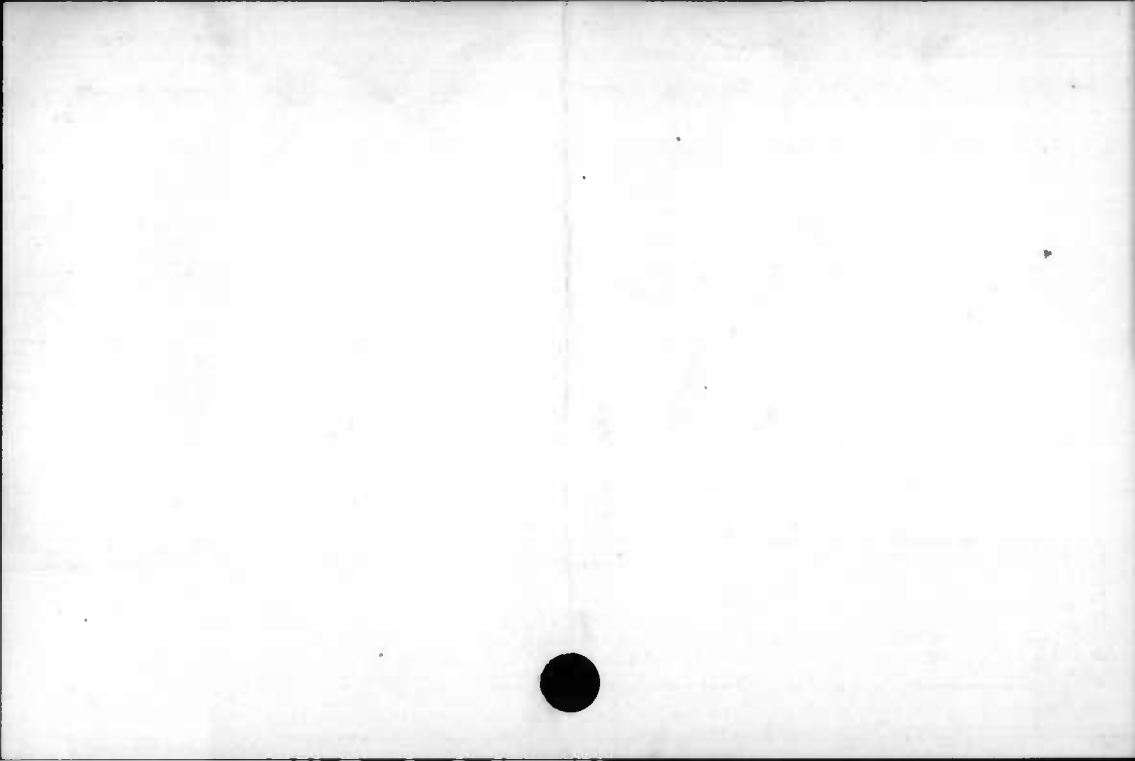
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Gassaway -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Germantown		County Montg.		MARYLAND	
	Date of death	1907	Month 2	Day 9	Age 72 yr.	Months no	Days no
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John H. Gassaway				Father's Birthplace	md.
	Mother's Maiden Name	Helen McCaslin				Mother's Birthplace	md.
Name of person giving information	Helen Gassaway				How related to deceased	mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Calcular Heart Disease				How long	
	Immediate	Heart Failure				How long	1/2 hr
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	H. B. Haddock.
						Address	Gaithersburg - Maryland.
	Accident or Suicide?						



Name
in
Full

Fred Gingles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Kneassington* Town *At*County *Montgomery*Date of death *1907* Month *Feb* Day *6*Age *60* YearsMonths *—*Days *—*Sex *Male*Color or Race *white*Birth-place *MD*Occupation *Lab.*Where Residing if not at place of death *same*Married, Single or Widowed *Married*Name of Wife or Husband *Emma Gingles*Father's Name *Dont Know*Father's Birthplace *MD*Mother's Maiden Name *Dont Know*Mother's Birthplace *MD*Name of person giving information *W.L. Dennis*How related to deceased *none*

CAUSES OF DEATH

79

Primary *Valvular dis of heart*How long *several yrs*Immediate *Syncopie*How long *few minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W.L. Dennis*Address *Kneassington MD*Accident or Suicide? *no*PHYSICIAN
OR CORONER



Name
in
Full

Sarah Augusta Gloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Washington Grove	County Montgomery	MARYLAND		
Date of death	1907	Month Feb	Day 22	Age Years 43	Months 5	Days 2
Sex	Female	Color or Race	White	Birth- place	Md	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Arthur Gloyd		
Father's Name	Peter H Clements			Father's Birthplace	Maryland	
Mother's Maiden Name	Mary E. Bell			Mother's Birthplace	Id	
Name of person giving Information	S. R. Gloyd			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Fever (137)	How long	3 Weeks
Immediate	Exhaustion	How long	3 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. H. Etchison
		Address	Gaithersburg Md.
Accident or Suicide?			



Name
in
Full

Silvius Green

CERTIFICATE OF DEATH

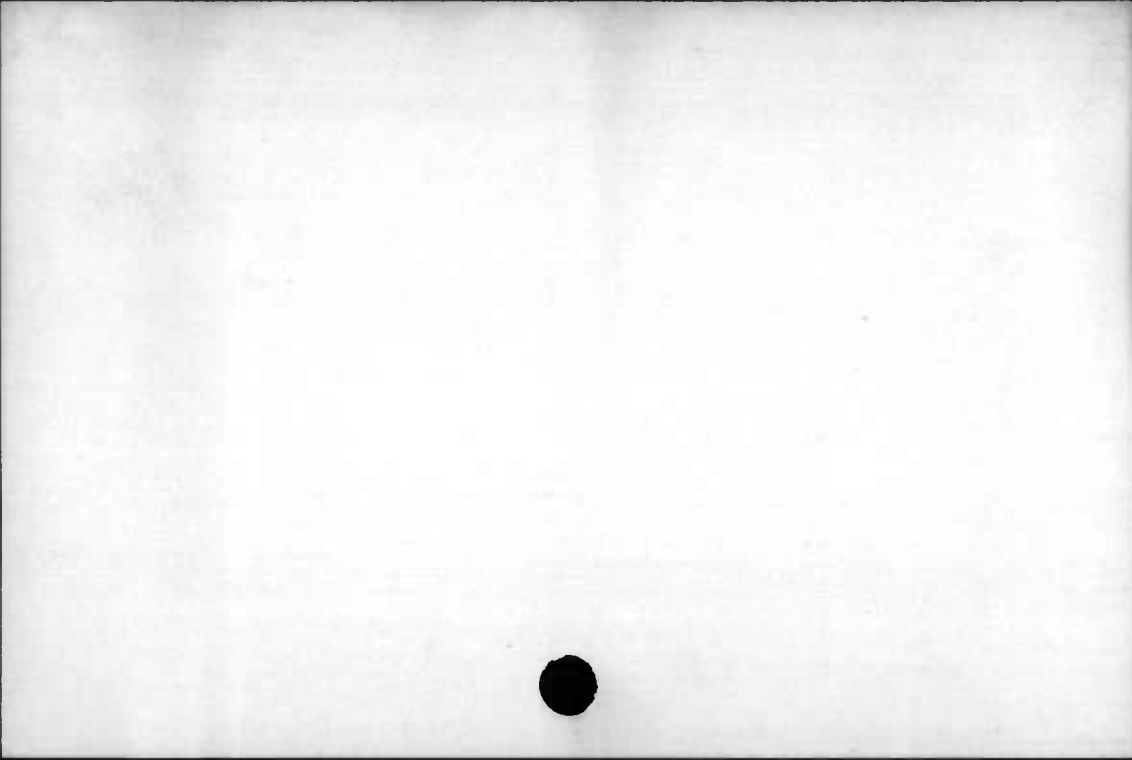
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month <i>Feb.</i>	Day <i>19</i>	Age <i>57</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Med.</i>		
Occupation <i>Farm Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Martha Nailor</i>				
Father's Name <i>Perry Green</i>	Father's Birthplace <i>Med</i>				
Mother's Maiden Name <i>Vini Bell</i>	Mother's Birthplace <i>Med</i>				
Name of person giving information <i>John Nailor</i>	How related to deceased <i>none.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pleur - Pneumonia</i>	<i>93</i>	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. W. Walling</i>	
	Address <i>Portersville, Md.</i>	
Accident or Suicide?		



Name
in
Full

Annie Haddon

CERTIFICATE OF DEATH

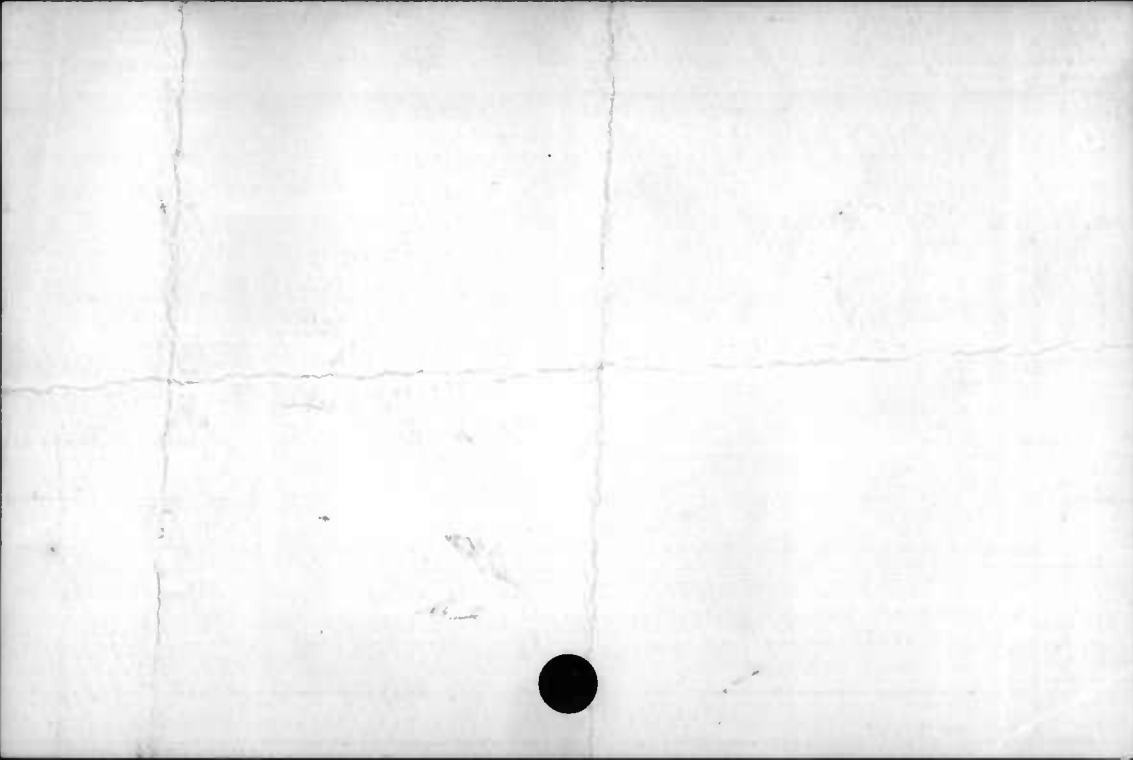
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Silver Spring		Montgomery		Maryland	
Date	Month	Day	Years	Months	Days		
of death 190	7 Feb	22	Age 63				
Sex	female		Color or Race	white		Birth-place	England
Married, Single Widowed			Occupation				Housewife
Name of Wife or Husband		Robert S. Haddon					
Father's Name		Charles Bussey				Father's Birthplace	Unknown
Mother's Maiden Name		Unknown				Mother's Birthplace	Unknown
Name of person giving information		Walter Haddon				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	5 years
Immediate	Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Alfred J. Parsons	
Address		Takoma Park, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Otto Hawkins

Town *Keensburg* County *Montgomery* MARYLAND

Died at

Date of death *1907* Month *July* Day *2* Age *—* Years *—* Months *14* Days *—*

Sex *Male* Color or Race *Black* Birth-place *MD*

Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Mitchell Hawkins* Father's Birthplace *MD*

Mother's Maiden Name *Bertha Howard* Mother's Birthplace *VA*

Name of person giving information *Bertha Hawkins* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* *(151)* How long *2 weeks*

Immediate *Marasmus* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Eugene Jones*

Address *Keensburg*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

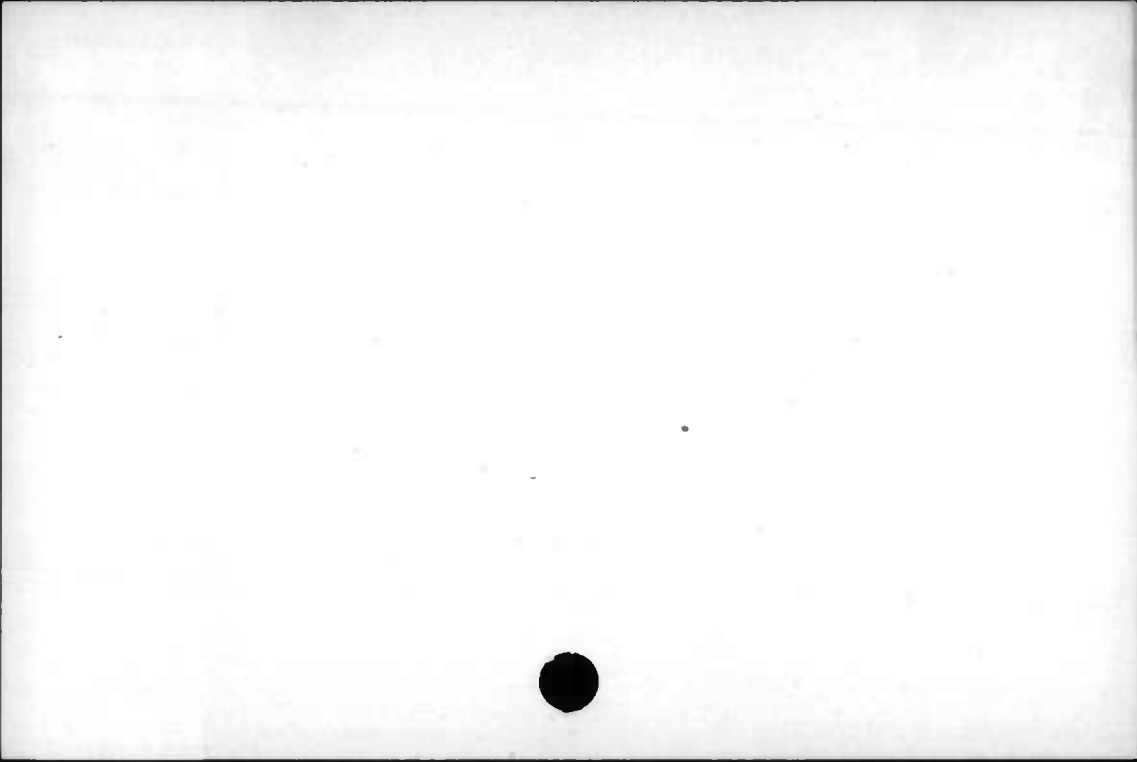
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sophia D. Higgins</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Rockville</i>		Month <i>2</i>		Day <i>10</i>		Years <i>82</i>	
Date of death <i>1907</i>		Age <i>82</i>		Months <i>3</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>D. C.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Higgins</i>					
Father's Name <i>Robert Bernard</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Sophia Cropley</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Amelia Higgins</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>143</i>
Immediate	<i>Carbuncle</i>	How long	<i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edmond Anderson M.D.</i>	
Yes		Address <i>Rockville, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

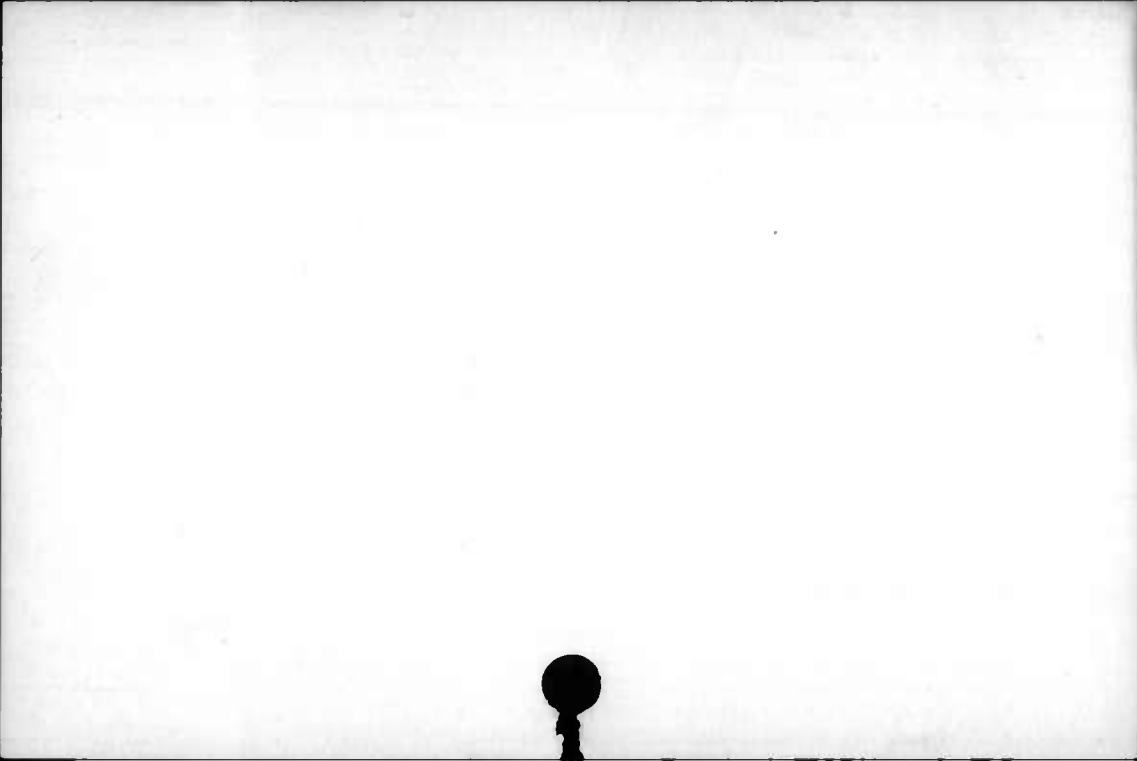
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>E. E. Jackson</i>		Town <i>near Hunting Hill</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Hunting Hill</i>		Month <i>2</i>		Day <i>15</i>		Years <i>19</i>	
Date of death <i>1907</i>		Age <i>19</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>James H. Jackson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Daphne</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Reuben Pumpfrey</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>Two months</i>
Immediate <i>Dropsy</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Reginald Jones

CERTIFICATE OF DEATH

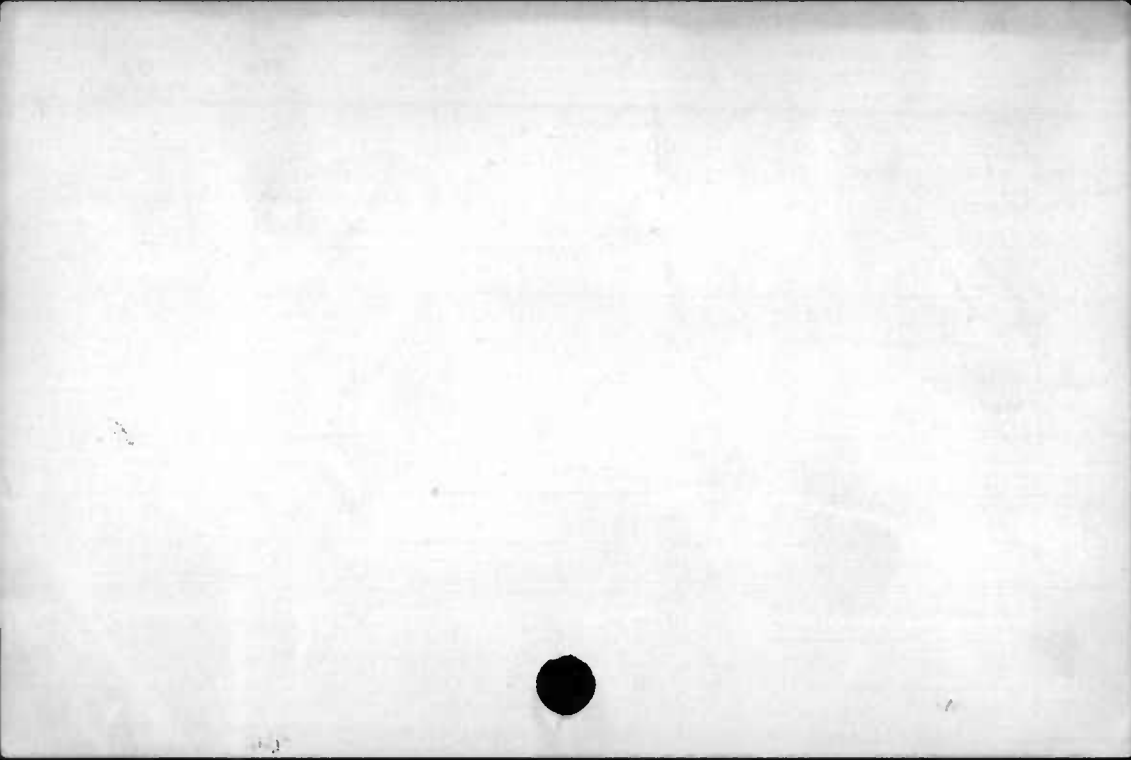
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Emmer		County Montgomery		MARYLAND	
Date of death		Month Feb	Day 10	Age 11	Years 10	Months 10	Days
Sex Male		Color or Race white		Birth-place Emmer			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name John Jones				Father's Birthplace Md.			
Mother's Maiden Name Mary Hays				Mother's Birthplace Md.			
Name of person giving information B. W. Walling				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever (1)	How long	6 weeks
Immediate	Tuberculosis of Bones and Joints	How long	16 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. W. Walling	
		Address Poolesville, Md.	
Accident or Suicide?			



Name
in
Full

Jas. H. m Jordan

CERTIFICATE OF DEATH

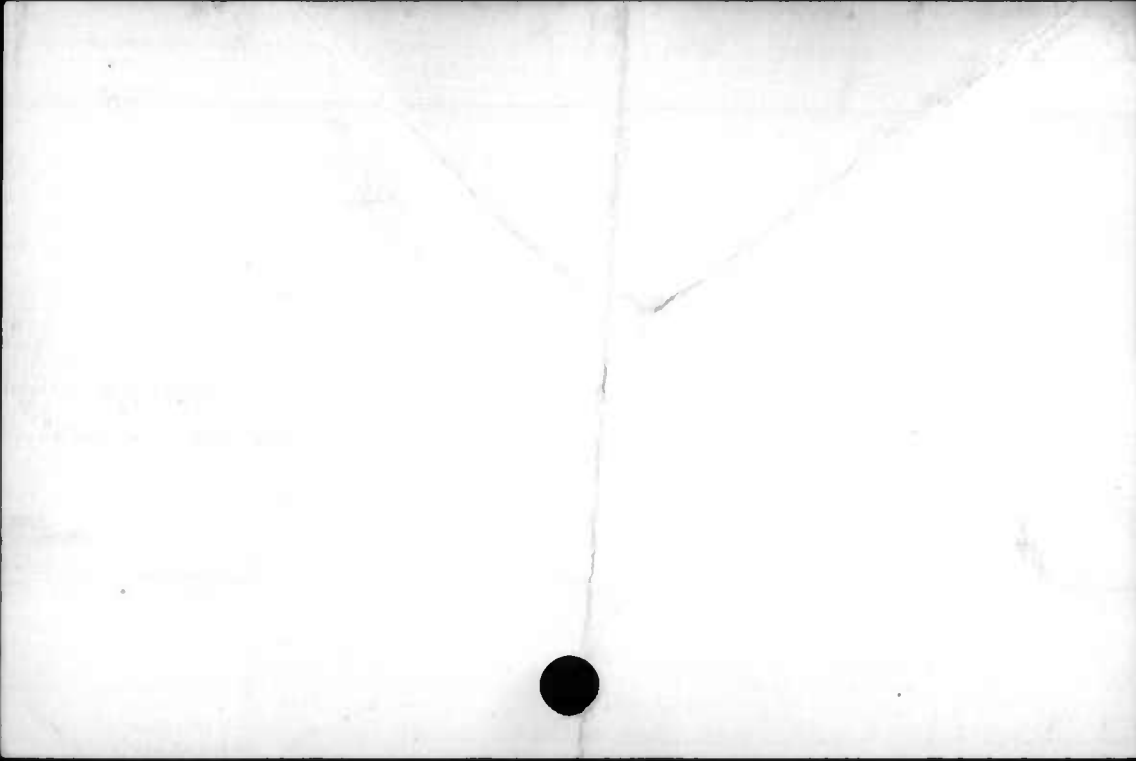
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>10</i>	Age <i>29</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Va.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charlotte Parson</i>				
Father's Name <i>H. m. Hare Jordan</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Alie R. Parson</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>H. m. Hare Jordan</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	<i>27</i>	How long <i>one year</i>
Immediate <i>Syncope</i>		How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. S. Brown</i>	
<i>Yes</i>	Address <i>Silver Spring</i>	
Accident or Suicide?	<i>Mar.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
In formation

Town

Month

Day

Age

Years

Months

Days

Color or
RaceWhere Residing if not
at place of deathBirth-
placeName of Wife or
HusbandFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

27

Primary

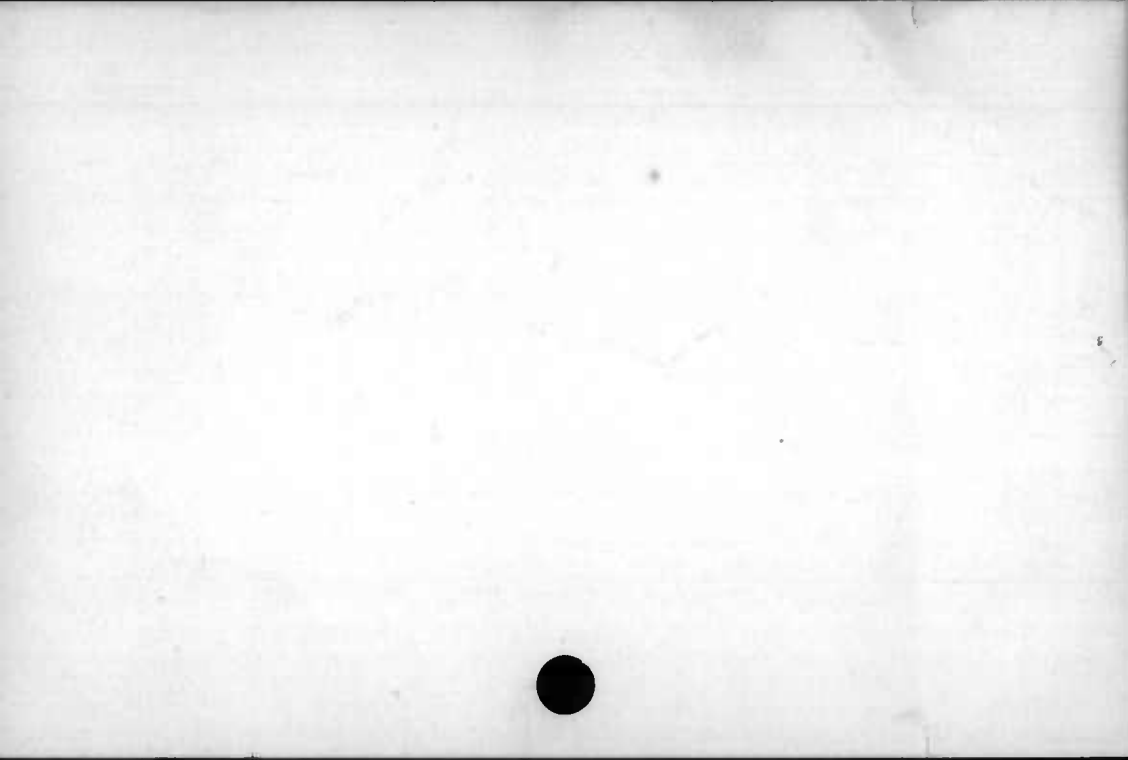
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

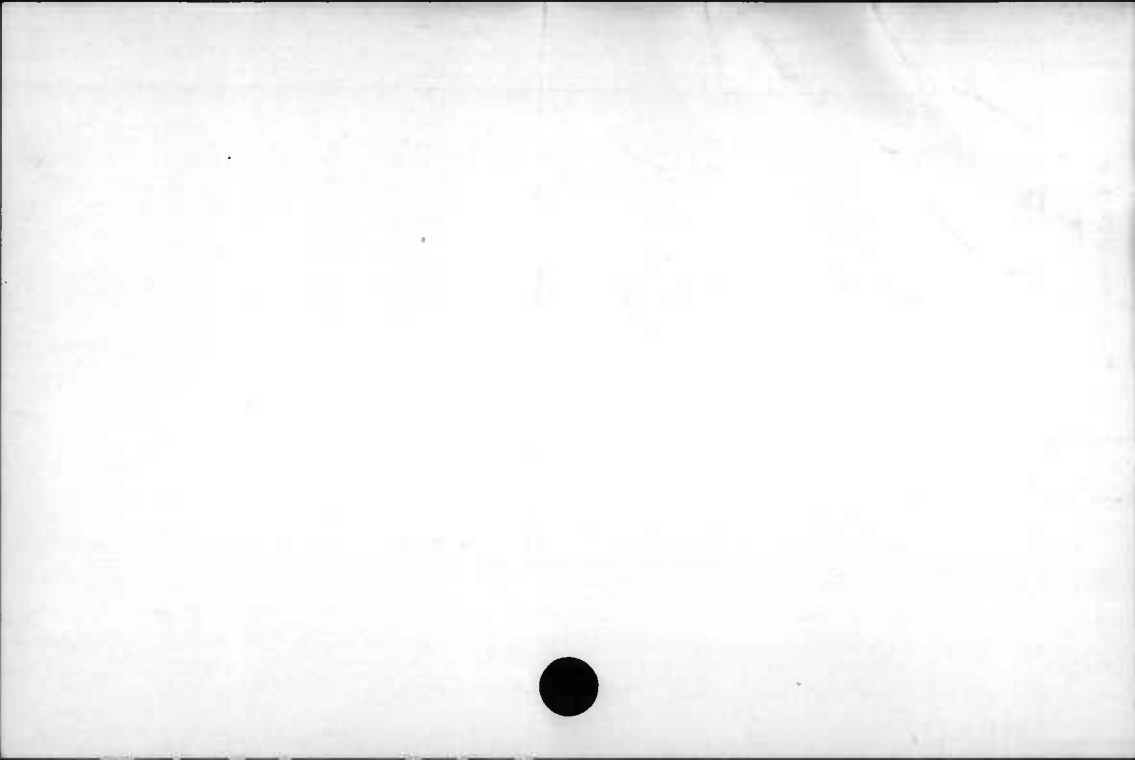
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Amanda C. Lintner</i>		Town <i>Clarksburg</i>		County <i>Montg.</i>		MARYLAND	
Died at <i>Clarksburg</i>		Date of death <i>1907 Feb 17</i>		Age <i>85</i>		Months <i>3</i>	
Sex <i>Female</i>		Color or Race <i>American</i>		Birthplace <i>Montg. co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife Husband <i>Gassaway W. Lintner</i>		Father's Birthplace <i>Montg. co. Md.</i>		Mother's Birthplace <i>Unknown</i>	
Father's Name <i>John Hayler</i>		Mother's Maiden Name <i>Unknown</i>		Name of person giving Information <i>Chas. G. Lintner</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>		How long <i>179</i>	
Immediate <i>Heart failure</i>		How long <i>Sudden</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. [Signature]</i>	
Accident or Suicide?		Address <i>Clarksburg Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roadville</i> ^{Town}		<i>Manly</i> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	26
Age	40	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <i>X</i>		
Father's Name	<i>Nelson M. Keimer</i>		Father's Birthplace	Ind	
Mother's Maiden Name	<i>Martha M. Keimer</i>		Mother's Birthplace	Ind	
Name of person giving information	<i>J. Horner Farmer</i>		How related to deceased		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Gastritis Chronic</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. M. Smith</i>	
		Address <i>Roadville Ind</i>	
Accident or Suicide?			



Name
in
Full

John O. Merchant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poolsville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Feb.</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>94</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>va</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Unknown</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Unknown</i>				
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information				How related to deceased	<i>✓</i>

CAUSES OF DEATH

Primary

*Lazipus**(10)*

How long

Immediate

Pneumonia and Gastritis

How long

9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

B. W. Walling

Address

Poolsville

Accident or Suicide?

*No**md*



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

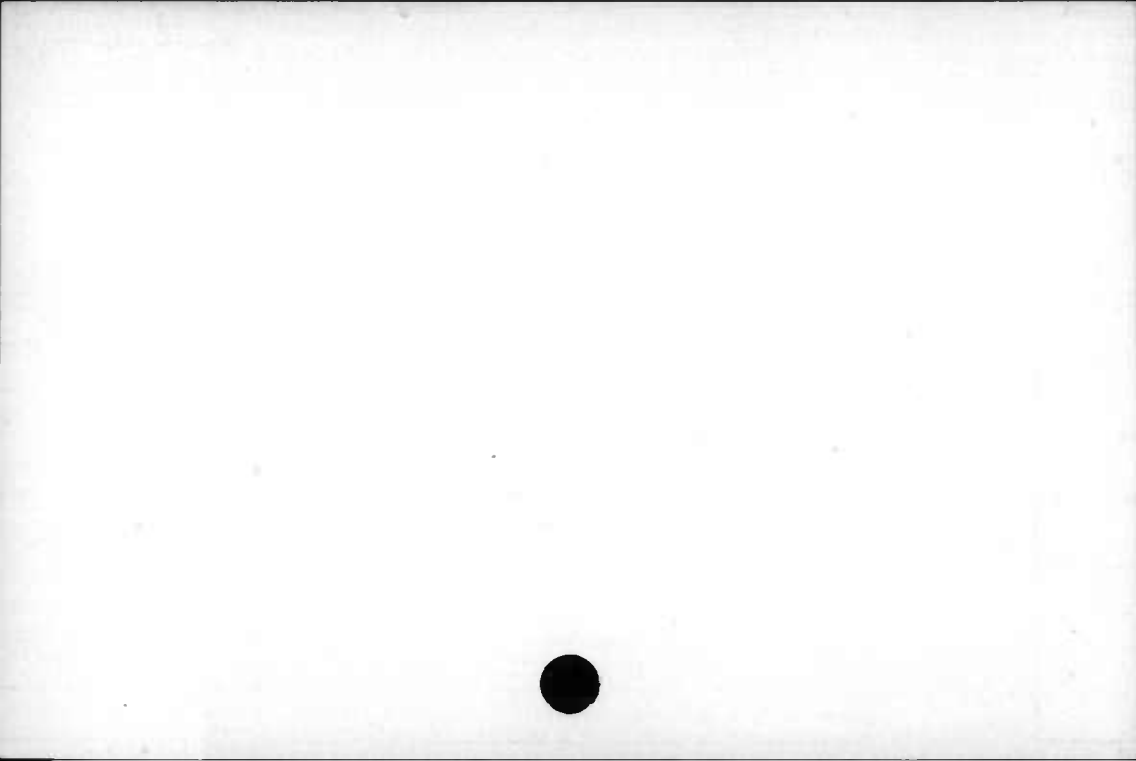
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> Town		<i>Rogers</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>10</i>	Age <i>Montgomery</i> Years	Months	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>James W. Rogers</i>	Father's Birthplace <i>V. Carolina</i>				
Mother's Maiden Name <i>Dora Offutt</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Dora Offutt</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>	How long <i>Three days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>	
	Address <i>Rockville, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

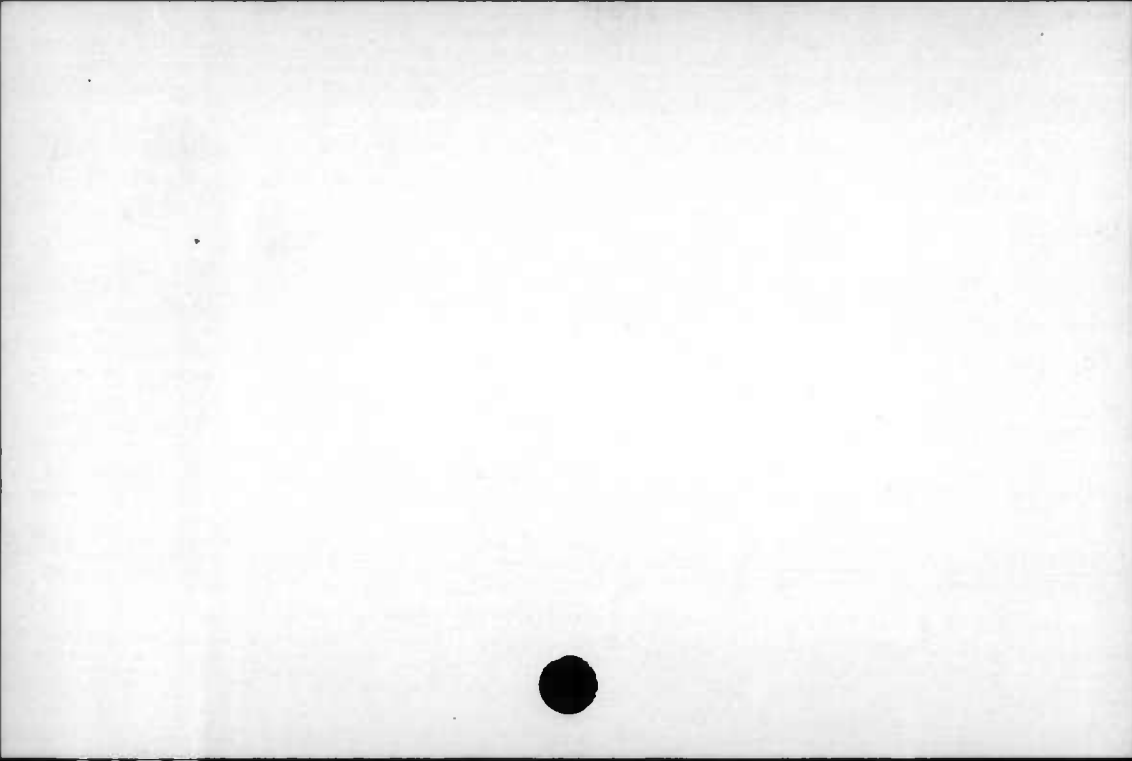
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White's Ferry</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Feb</i> <small>Month</small>		<i>10</i> <small>Day</small>	<i>10</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>hours</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Edward's Ferry</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John W Stephens</i>		Father's Birthplace <i>Ba</i>			
Mother's Maiden Name <i>Mary L Clayton</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>John W Stephens</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	<i>179</i>	How long	<i>2 hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. L. Holt</i>		
		Address <i>Podersville</i>		
Accident or Suicide? <i>no</i>		<i>Ind</i>		



Name
in
Full

Anna Elizabeth Thomas

CERTIFICATE OF DEATH

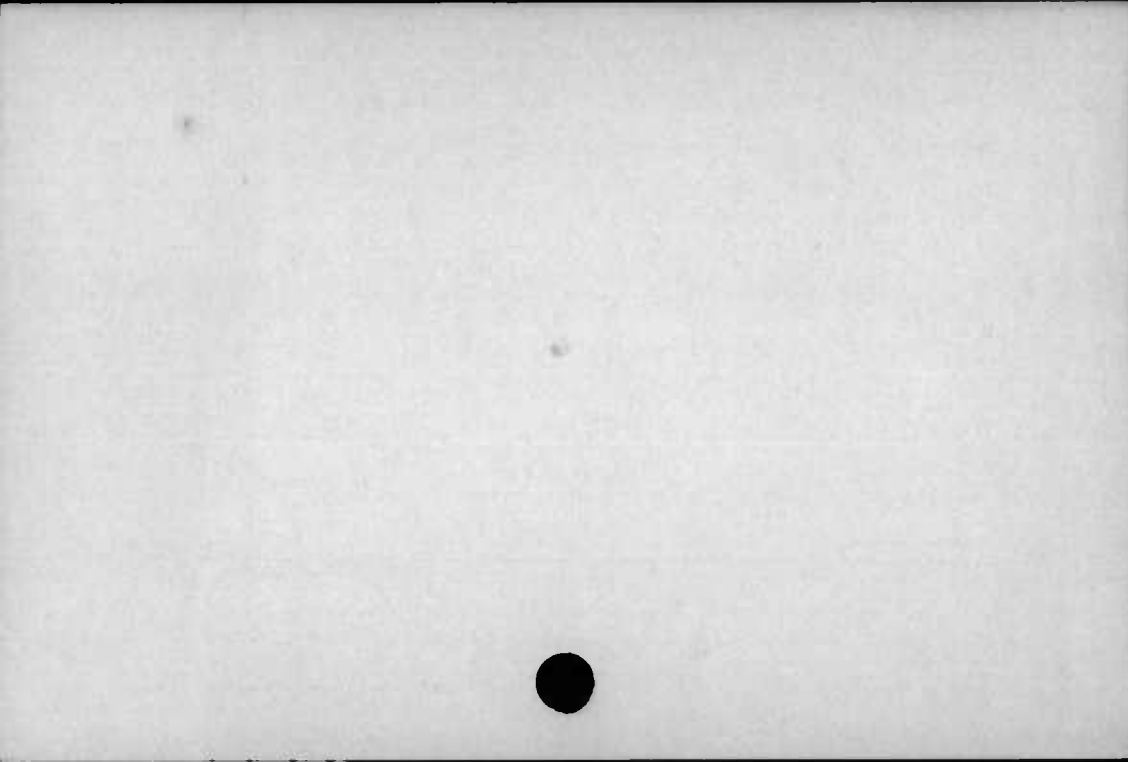
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i>		Town <i>Wilmington</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>15</i>	Age <i>51</i>	Years	Months <i>4</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Sandy Spring Md</i>				
Occupation <i>sewer</i>			Where Residing if not at place of death <i>Sandy Spring</i>				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Thomas</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Angie Thomas</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Charles Thomas</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>abscess of Lung</i>	How long <i>3 weeks</i>
Immediate <i>exhaustion</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>True</i>	Signature of Physician <i>Roger Brooker</i>
<i>So far as I know</i>	Address <i>Sandy Spring Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>10</i>	Age <i>90</i>	Year <i>90</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Cook</i>	Where Residing if not at place of death <i>D</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Don't know</i>						
Father's Name <i>Don't know</i>	Father's Birthplace <i>D</i>						
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>D</i>						
Name of person giving information <i>Henry Shelton</i>	How related to deceased <i>Nephew</i>						

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>One day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Israel G. Warfield

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Laytonsville

Montgomery

Date

of death 1907

Month

Feb

Day

27

Years

74

Months

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Howard Co

Occupation

None

Where Residing If not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Marion Griffith Warfield (decd)

Father's
Name

Robert Warfield

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Sarah Griffith

Mother's
Birthplace

Montgomery Co

Name of person giving
Information

E. F. Warfield

How related
to deceased

Son

CAUSES OF DEATH

Primary

Lagripus

10

How long

4 days

Immediate

Lobular Pneumonia

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

V. H. Dyeon M.D.

Address

Laytonsville

Montgomery Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

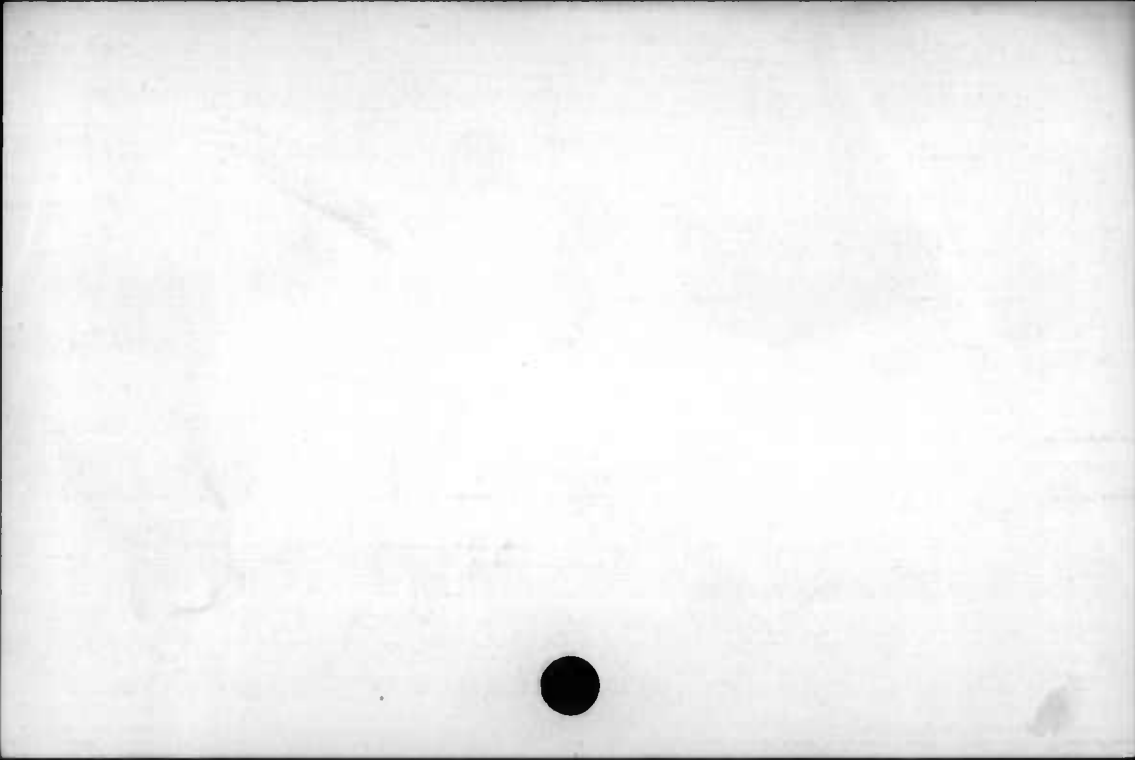
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Benjamin White</i>		Town <i>Poolsville</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1907 Feb 16</i>		<i>181</i>		<i>4</i>		<i>13</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Jones White</i>					
Father's Name <i>Stephen Newton White</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Elizabeth Viers</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>Horvey J White</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>17 days</i>
Immediate <i>Cardiac failure</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. White M.D.</i>
<i>They are.</i>	Address <i>Poolsville Md.</i>
Accident or Suicide?	



Name
in
Full

Jeremiah Lewis Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Etchison</i>		Town <i>Montgomery</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>11</i>	Age	<i>65</i>	Years	Months <i>11</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Montgomery Co</i>
Occupation	<i>Farming</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Cordelia Elizabeth Baker</i>			
Father's Name	<i>Samuel Williams</i>				Father's Birthplace	<i>Montgomery Co</i>	
Mother's Maiden Name	<i>Kate Lewis</i>				Mother's Birthplace	<i>Montgomery Co</i>	
Name of person giving information	<i>Fannie L Fulke</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lagriphe</i>	<i>10</i>	How long	<i>2 weeks</i>
Immediate	<i>Pneumonia</i>		How long	<i>11 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>V H Byers</i>	
			Address <i>Laytonville Ind</i>	
Accident or Suicide?				

